

Request for withdrawal from the Roll of Candidates for the Practice of the Profession of the Ordre des comptables agréés du Québec

CONTACT INFORMATION

Client No.: _____

Madam Sir

Family name: _____ **Usual name:** _____
(As it appears on birth certificate) (As it appears on birth certificate)

Permanent address – Is this a new address? Yes No **Date of birth :** Year _____ Month _____ Day _____

No.: _____ Street Avenue Boulevard Road _____ Apt.: _____

City: _____ Province: _____ Postal code: _____

Home telephone number: (_____) _____ Office telephone number: (_____) _____ Cell phone: (_____) _____

E-mail address: _____

CANDIDATE CERTIFICATION

Please withdraw my name from the Roll of Candidates for the Practice of the Profession of the Ordre des comptables agréés du Québec, for the following reason [Please check correct box].

I have decided to pursue the CA designation in the province of _____
I will now be with the Institute of _____

I have decided not to pursue a career in chartered accountancy for personal reasons. Provide reasons (optional).

SIGNATURE OF CANDIDATE

I certify that the information provided herein is accurate.

Signature of the CPP: _____

Date: _____

PLEASE FORWARD TO:

Ordre des comptables agréés du Québec
Vice-Presidency, Education and Recruitment
680 Sherbrooke Street West, 18th Floor
Montreal, Quebec H3A 2S3

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Toll free: 1 800 363.4688, ext. 4606
Fax: 514 843.8375
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